

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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22						
23						
24	1					
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28						
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31						
32						
33						
34						
35						
36		1				
37	1					
38						
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
Total Indep	6					
Total Depend	16					
Total Claims	22					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						